## Healthy Living Dentistry Action Plan

## Please contact your Primary Care Facilitator once you have completed this form to arrange a meeting so that they can assess your evidence. Once your facilitator has signed this form please email a copy to: dental@cpgmhealthcare.co.uk

## Practice Name………………………….

## Part 1 *- complete evidence and go through with primary care facilitator*

|  |  |  |  |
| --- | --- | --- | --- |
| Level 1- Requirements  | What needs to be done | Evidence needed | Evidence seen by(PCF Signature) |
| All staff are aware of health needs of local community and have a plan to address this | Oral health lead & champion attend HLD training session | Record of HEE training – both *certificates emailed to dental@cpgmhealthcare.co.uk* |  |
| Briefing of staff at team meeting, Share resources | Notes of meeting, action plan for practice *copies emailed to dental@cpgmhealthcare.co.uk* |  |
| A Dental champion is in place and trained | Online training & face to face training sessions | Record of RSPH certificate*certificate emailed to dental@cpgmhealthcare.co.uk* |  |
| Fluoride varnish  | rate in last 12 months target for next 12 months | Figure for last year’s rate and agreement on target for next year \_\_ % (please insert figure) L*etter from Compass emailed to dental@cpgmhealthcare.co.uk* |  |
| Evidence of campaigns- see below | One campaign completed and evidence and all 6 planning sheets | Photo, a line or two about what was done, tally chart, case study. *Please email over to dental@cpgmhealthcare.co.uk* |  |
| Baby Teeth Do Matter | E-Learning | *Email certificate to cpgm@healthcare.co.uk* |  |
| Pledge to encourage dental checks by 1 and welcome children into the practice? | Verbal agreement |  |  |

***Part 2- outline what your plans are to complete the LDN toolkits- put in some dates over the next 2 years. If you have already done the training recently put in the date and what you have done as a result.***

|  |  |  |  |
| --- | --- | --- | --- |
| Level 2Dates for implementing GM toolkits | Date planned | If already completed- date completed | What changes have you made as a result (a line or couple of bullet points) |
| Antibiotic prescribing audit (in last 3 years) |  |  |  |
| Dementia Friendly Practice |  |  |  |
| Pride in practice training |  |  |  |
| Healthy Gums do matter |  |  |  |
| Oral cancer guide |  |  |  |
| Other examples of good practice |  |

## *Part 3- use this to log evidence of the campaigns you have undertaken in your practice. You need evidence of at least one campaign to receive level 1.*

|  |
| --- |
| Part 3- Evidence of Campaigns undertaken |
| Name of campaign | Action undertaken e.g. Posters displayed in waiting area. Leaflets/ other resources distributed, quiz / resources in reception | Tally number of people engaged in brief advice  | Evidence/ Photos of displayCase studies  |
|  |   |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I confirm that

❑ the practice is committed to delivering better oral health

❑ the practice meets NHSE contractual standards

❑ the practice complies with HTM01-05 essential standards and CQC standards

❑ all clinicians have been trained to level 2 in safeguarding

## Signed………………………………… Date…………

## HLD practice lead

## I confirm that I have the seen the evidence to meet the healthy living dentistry level 1 requirements within this practice.

## Signed………………………………… Date…………

## Primary care facilitator